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CONFIRMATION NO. 5901

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/660,090 | FILING DATE<br>09/11/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY<br>DOCKET NO.<br>08321-0113 US1 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Jay S. Schneider, Cherry Hill, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/410,512 09/13/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/03/2003

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>42 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>JS</i><br>Initials  |                           |                        |                       |                            |

## ADDRESS

23973  
 DRINKER BIDDLE & REATH  
 ATTN: INTELLECTUAL PROPERTY GROUP  
 ONE LOGAN SQUARE  
 18TH AND CHERRY STREETS  
 PHILADELPHIA , PA  
 19103-6996

## TITLE

Methods and kit for treating Parkinson's disease

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>680 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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